

ValueOptions

Summary of Key Operating Metrics

Maryland ASO Contract

Per Member Per Month (PMPM) costs have declined by \$4.89 since 2009.

- The global cost of care on a pmpm basis has declined every year since 2009 despite an annual average membership growth rate of roughly 9.0%.

Fiscal Year	PMPM	% Variance	\$ Variance	Member Months
YTD 2012 *	\$ 54.78	-0.04%	\$ (2.48)	7,879,404
2011	\$ 57.26	-0.02%	\$ (1.20)	11,422,902
2010	\$ 58.46	-0.02%	\$ (1.21)	10,413,207
2009	\$ 59.67	n/a	n/a	9,270,989

* Dates of service through 2/29/12

Inpatient Management

- Inpatient Admits per thousand – down 13%

Admits/1000	2011	2012
Quarter ended 9/30	1.542	1.322
Quarter ended 12/31	1.385	1.238
Quarter ended 3/31	1.578	1.378

- Inpatient Days per thousand – down 12%

Days/1000	2011	2012
Quarter ended 9/30	9.159	8.069
Quarter ended 12/31	7.737	7.165
Quarter ended 3/31	9.755	7.981

Inpatient Management

- ValueOptions' utilization management has decreased average length of stay (ALOS) each year.

For the 12 months ended	ALOS*
12/31/2011	6.07
12/31/2010	6.21
12/31/2008	6.83

* Excludes Kennedy Krieger

12/31/08 is most recent credible data from prior ASO vendor.

Outpatient Management

- ValueOptions' utilization management has decreased average length (ALOS) each year for TBS and two additional key Outpatient services without increasing utilization of other Outpatient services.

Key utilization metrics based on paid claims		
SVC TYPE	(FY11) ALOS / AVG UNITS PER MEMBER*	(FY12) ALOS / AVG UNITS PER MEMBER**
TBS	985	945
IOP	16	12
Partial Hospitalization	12	9
All other OP Svcs	17	17

*Services 02/01/10 - 01/31/11, paid through 03/31/11

**Services 02/01/11 - 01/31/12, paid through 03/31/12

High Utilizer Management

- Intensive Care Management (ICM) cases are identified semi-annually
 - Identified consumers are managed more closely at all levels of care
 - Weekly reports to the CSAs
- 20 Highest Inpatient Utilizers (HIU) identified bi-annually
 - Each HIU case is assigned to a designated Care Manager
 - Intensively case managed population
- The HIU management program has reduced ineffective spending
 - Decreased Inpatient admissions and bed-days by more than 60%
 - Decreased overall cost of care by over \$1.0 million dollars in its first year

Operational Metrics

(reported monthly to MHA)

Claims Turnaround Time

For the month of May 2012, ValueOptions' results in meeting the turnaround time goal for the processing of clean claims:

- Electronic claims (within 14 days) - 100%
- Paper claims (within 21 days) – 99.93%
- Paper claims (within 30 days) – 99.98%

Operational Metrics

(reported monthly to MHA)

Authorization telephone calls

Call Abandonment

- In May, 2012, ValueOptions had an abandonment rate of 0.81% versus a contractual goal of 3.00%.

Wait time

- In May, 2012, ValueOptions had wait time of less than five minutes in 99.8% of the time as compared to a contractual goal of 90%.

Post Payment Reviews and Monitoring

ValueOptions has a contractual obligation to complete a total of 70 audits per year which includes inpatient and outpatient levels of care.

- 70 audits were completed in FY2010 and FY2011
- 70 audits are scheduled to be completed in FY2012 with 50 audits already completed through May 2012

Fiscal Year	Identified Billing Discrepancies from Audit Activities
2010	\$340,471
2011	\$1,054,718